

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM

Address to:

Assistant Commissioner for Patents Box CN Washington, DC 20231

	ognize the fo	mber 20583 Type Customer Number		Р	elace Customer Number lar Code Label here
Request for Customer Number (PTO/SB/125) submitted herewith.					
in the following listed application(s) or patent(s) :					
Patent Number (if appropriate)		Application Number	Patent Date (if appropriate)		U.S. Filing Date
		10/612,602			July 1,2003
Typed or Printed Name Signature	James G. Markey		P- No	Assigne	int or Patentee ee of record of the entire :: Statement under
Date	Debru	ary 6, 2004	51,098	(Form P	3.73(b) is enclosed. PTO/SB/96) by <u>or</u> Agent of record
Address of signer: Jones Day, 222 East 41st Street New York, NY 10017-6702 Address of signer: Jones Day, 222 East 41st Street New York, NY 10017-6702					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below *.					
□ *Total offorms are submitted.					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tredemark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CN, Washington, DC 20231.